Recipient Committee		COVER PAGE - LONG FORM
Campaign Statement		Date Stamp CALIFORNIA 460
(Government Code Sections 84200 - 84216.5)		JAN 1 g 2006
	Statement covers period	Date of Election if applicable: Date of Election if applicable: Page 1 of 13
	from <u>07/01/2005</u>	(Month, Day, Year)
	through 12/31/2005	06/02/2008
1. Type of Recipient Committee:		2. Type of Statement:
Officeholder, Candidate Controlled Committee Balle O State Candidate Election Committee O Recall O S General Purpose Committee O Sponsored Prim	ot Measure Committee rimarily Formed controlled ponsored arily Formed Candidate eholder Committee	☐ Pre-election Statement ☐ Semi-annual Statement ☐ Termination Statement ☐ Amendment (Explain below) ☐ Amendment (Explain below) ☐ Cuarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Pre-election Statement - Attach Form 495
3. Committee Information	I.D. NUMBER	
COMMITTEE NAME	1243639	Treasurer(s)
Bill Campbell for Supervisor		NAME OF TREASURER Barrett Garcia
STREET ADDRESS (NO P.O. BOX)		STREET ADDRESS
		CITY STATE ZIP CODE AREA CODE/PHONE
CITY STATE ZIF	CODE AREA CODE/PHONE	WILL GOOL FILLING
STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		NAME OF ASSISTANT TREASURER, IF ANY
CITY		STREET ADDRESS
STATE ZIF	CODE AREA CODE/PHONE	CITY
OPTIONAL: FAX/E-MAIL ADDRESS ()		STATE ZIP CODE AREA CODE/PHONE
,		OPTIONAL: FAX/E-MAIL ADDRESS
4. Verification I have used all reasonable diligence in preparing and recommendations.	eviewing this statement and to th	the best of my knowledge the information contained herein and in the attached schedules
Executed on 1-9-06 Executed on 1-9-06 DATE DATE DATE	By SIGNATURE OF CONTROLLING	alifornia that the foregoing is true and correct. SIGNATURE OF TREASURER OR ASSISTANT TREASURER FIGEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed onDATE	BySIGNATUR	RE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed onDATE	Ву	
S/CCW - PUSC02060262217 (Rev. 9/99)	SIGNATURI	RE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee Campaign Statement Cover Page - Part 2

· CALIFORNIA 460

Page 2 of 13

. Officeholder or Ca	andidate Co	ontrolled Committee	6. Ballot Mea	sure Comn	nittee	
NAME OF OFFICEHOLDER OF CANDIDATE			NAME OF BALLOT MEASU	RE		
Bill Campbell				:		
OFFICE SOUGHT OR HELD (INCLUDE LOCA	ATION AND DISTRICT NUM	BER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	9 1	SUPPORT :
County Supervisor, D	District 3, C	range County			4 13 11	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	ND STREET) CITY	STATE ZIP CODE	Identify the controll	ing officeholder, c	andidate, or state measure	proponent, if any.
			NAME OF OFFICEHOLDER			
Related Committees Not In- not included in this consolidated si formed to receive contributions or	tatement that are cor	ntrolled by you or which are primarily	OFFICE SOUGHT OR HELD		DIST	RICT NO. IF ANY
COMMITTEE NAME		I.D. NUMBER	7. Primarily F	ormed Cor	nmittee	
NAME OF TREASURER		CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
	·					OPPOSE
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
						OPPOSE
CITY	STATE	ZIP CODE AREA CODE/PHON	NE NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
						☐ OPPOSE
COMMITTEE NAME		I.D. NUMBER	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
						OPPOSE
NAME OF TREASURER		CONTROLLED COMMITTEE?				
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)					
CITY	STATE	ZIP CODE AREA CODE/PHON	IE.			

Campaign Disclosure Statement Summary Page

 Statement covers period from __07/01/2005

 through _12/31/2005;
 CALIFORNIA _ 460

 Page _____3 of _____13

 I.D. NUMBER

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

					1	243639	
Contributions Received	Column TOTAL THIS P (FROM ATTACHED S	ERIOD	Column B CALENDAR YEAR TOTAL TO DATE	Ru	nning in Both th	mary for Candidate e State Primary and	 :s i
1. Monetary Contributions	\$2,	500.00	\$ 12,450.00	Ge	neral Elections		
2. Loans Received Schedule B, Line 7		0.00	 0.00			hrough 6/30 7/1 to Da	ate
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$2,	500.00	\$ 12,450.00	20.	Contributions Received \$	0	0
4. Non-monetary Contributions		0.00	 0.00	21.	Expenditures Made	0	_0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$2,	500.00	\$ 12,450.00	İ	•		
Expenditures Made				Ex	penditure Limit S	Summary for State	
6. Cash Payments Schedule E, Line 4		630.16	\$ 50,968.87	Ca	ndidates		٠
7. Loans Made Schedule H, Line 7	***	0.00	 0.00		22. Cumulativ (If Subject to	e Expenditure Made Voluntary Expenditure Lir	:* mit)
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$16,	630.16	\$ 50,968.87				·
9. Accrued Expenses (Unpaid Bills)		0.00	 0.00		Date of Election (mm/dd/yy)	Total to Da	ate
10. Nonmonetary Adjustment		0.00	 0.00	: .	er i i i i	•	
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$16,	530.16	\$ 50,968.87				
Current Cash Statement				1 —			_
12. Beginning Cash Balance Previous Summary Page, Line 16	\$39,:	221.93					
13. Cash Receipts Column A, Line 3 above	2,	500.00					
14. Miscellaneous Increases to Cash Schedule I, Line 4		388.49					
15. Cash Payments Column A, Line 8 above	16,6	30.16			*		_
16. ENDING CASH BALANCEnes 12 + 13 + 14, then subtract Line 15	\$25,9	80.26				;	
If this is a Termination Statement, Line 16 must be zero.		j				····	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$	0.00	** - **** *** *** *** *** *** *** *** *				
Cash Equivalents and Outstanding Debts						: ·	
18. Cash Equivalents	.\$. <u></u>	0.00					
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$	0.00					

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Schedule	. A						OOTILDOLL	. ^
	Contributions Received			Statement cove	rs period	CALIFO	RNIA / 6	
,				from07/0	1/2005	FORM	TUU	4
				through_12/31	1/2005	Page	4 of1	3
NAME OF FILER	Bill Campbell, Bill Campbell for	Superviso	or			I.D. NUME		=
				·		1243	639	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAI (JAN 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	_
07/29/2005	Connecticut General Life Insurance Company	IND COM SE OTH PTY SCC		1,000.00	1,0	00.00	1,000.0)0(P08
10/19/2005	Maguire Properties, L.P.	IND COM SE OTH PTY SCC		1,500.00	1,5	500.00	1,500.0	 10 (£08
		IND COM OTH PTY SCC				·		_ :
		IND COM OTH PTY SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
			SUBTOTAL \$	2,500.00				
Monetary Co	ontributions Summary							=
(Include all 2. Amount rec	reived this period - contributions of \$100 or more. Schedule A subtotals.) reived this period - contributions of less than \$100.			2,500.00				:
(Do not iter	nize.)tary contributions received this period.	•••••	\$	0.00			;	
	1 and 2. Enter here and on the Summary Page, Colum	ın A Tine 1)	TOTAL ¢	2 500 00				

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates. Measures and Committees

Bill Campbell,

Support

★Oppose

NAME OF FILER

Statement covers period from 07/01/2005

CALIFORNIA 460

through_12/31/2005

Page_____5 of ____13

I.D. NUMBER

1243639 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE CALENDAR YEAR PER ELECTION DESCRIPTION AMOUNT THIS DATE MEASURE NUMBER OR LETTER AND JURISDICTION, TYPE OF PAYMENT TO DATE (IF REQUIRED) PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) 09/01/2005 Edward Royce 400.00 400.00 Monetary
Contribution House of Representatives Non-Monetary Contribution Independent Expenditure * Support Oppose 10/31/2005 Measure D 5,000.00 6,925.34 County of Orange Monetary Contribution Non-Monetary Contribution Independent Expenditure Support **☀** Oppose 09/28/2005 Measure D Printing, Postage, 1, 925.34 6,925.34 Monetary County of Orange Mailing Contribution Non-Monetary Contribution

> Independent Expenditure

Bill Campbell for Supervisor

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$ 7,325.34
2. Contribution and independent expenditures made this period of under \$100	\$ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$ 7,325.34

SUBTOTAL \$

7,325.34

5,437.33

Schedule E Payments Made

Statement covers period CALIFORNIA **FORM** from 07/01/2005 through 12/31/2005 Page_ I.D. NUMBER

SUBTOTAL \$

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor 1243639

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign parapnernalia/misc.	MBH	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	. PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)
	· · · · · · · · · · · · · · · · · · ·				

NAME AND ADDRESS OF PAYEE OR CREDITOR					
(IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
American Express	POS LIT	643.80 1,869.56	N	3 1	2,513.36
	1				
				# 7 : # ::	:
Bill Campbell	OFC FND POS	1,059.75 605.82 108.40		- 2 144 	1,773.97
Brion May Consulting	RFD	Return of 12/1	15/2004 Contributio	on	1,150.00

Schedule E Summary		
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$_	16,530.16
2. Unitemized payments made this period of under \$100	\$_	100.00
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$_	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL	\$_	16,630.16

SCHEDULE	ΕE	(CONT.)
----------	----	---------

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging and meals (explain)

SUBTOTAL \$

1,567.49

TRS staff/spouse travel, lodging and meals (explain)

Schedule E (Continuation Sheet) Payments Made		Statement covers period from07/01/2005	CALIFORNI. FORM	[^] 460
		through 12/31/2005	Page7	7 of13
NAME OF FILER Bill Campbell, Bill C	ampbell för Supervisor		I.D. NUMBER	
	contain Sheet) Ents Made FILER Bill Campbell, Bill Campbell for Supervisor If one of the following codes accurately describes the payment, you may enter the code. Otherwise aign paraphernalia/misc. MBR member communications meetings and appearances office expenses MIG meetings and appearances office expenses		1243639	
CODES: If one of the following codes accurate	ly describes the payment, you may enter the code	. Otherwise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings and appearances	RAD radio airtime and RFD returned contribu SAL campaign worke		

petition circulating

POL polling and survey research
POS postage, delivery and messenger services

PHO phone banks

PET

CVC civic donations

FND fundraising events

candidate filing/ballot fees

FIL

ND independent expenditure supporting/opposing others (explain)* POS po	rofessional service:	nd messenger services (legal, accounting	ices TSF transfer between g) VOT voter registration	ver, lodging and meals (explain) on committees of the same candidate/spo on nnology costs (internet, e-mail)
NAME AND ADDRESS OF PAYEE OR CREDITOR				:
(IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Orange Fire Fighters Association	PRT			700.00
Diane Stone & Associates	CNS			420.00
			1 11 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	18
OCFRW 2005 Biennial Convention	PRT		to the total of th	100.00
Proforma Printing	PRO			347.49
				;

Schedule E (Continuation Sheet) Payments Made

SCHEDULE E (CONT.)

Statement covers period **CALIFORNIA FORM** 07/01/2005 through $\frac{1}{2}/31/2005$ Page I.D. NUMBER

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor 1243639

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL phone banks candidate travel, lodging and meals (explain) fundraising events POL polling and survey research staff/spouse travel, lodging and meals (explain) IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail) NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER

, sommittelpitos ettertib. Nomber	CODE	OR	DESCRIPTION OF PAYMENT			AMOUNT PAID
Royce Campaign Committee	CTB					400.00
ID# C00200865					·	
RSCCD Foundation	CVC			,		
	CVC					350.00
					· ·	
Steinberg & Associates	POL					1,250.00
				:	:	
Taxpayers For Safe Streets, No On Measure D	СТВ					5,000.00
ID# 1278654				·		

SUBTOTAL \$

7,000.00

Schedule E (Continuation Sheet) Payments Made SCHEDULE E (CONT.)

Statement covers period from __07/01/2005

the part 12/31/2005

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

through 12/31/2005 Page 9 of 13
I.D. NUMBER
1243639

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
fND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers salaries
TEL t.v. or cable airtime and production costs
CARC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR		·							
(IF COMMITTEE, ALSO ENTER I.D. NUMBER	CODE	OR	DESCRIPTION OF PAYMEN	r	AMOUNT PAID				
The Bergeson Series	CVC			# · · · · · · · · · · · · · · · · · · ·	100.00				
The Monaco Group	СТВ	Printing Do	oko wa Maria da Maria						
		Taxpayers Fo (ID# 12786 1314 W.5th S	treet	On Measure D	1,925.34				
United Veterans Organization	<u> </u>	Santa Ana, C	A 92703		:				
- Attn:Zena	FND			1 1 1 1 1 1 1	500.00				
					;				

Cohodulo C				r					SCHEDULE G
Schedule G					Statem	ent co	overs period	CALU	FORNIA 160
Payments Made by an Agent or Independer	nt							FOR	
Contractor (on Behalf of an Officeholder or					from _	07/	/01/2005		
Candidate)					throug	h 12/	/31/2005	Page_	10 of13
NAME OF FILER Bill Campbell, Bill Campbell	för Sur	pervis	or		unoug			I.D. NU	
		, 01 , 10	.01					: 1	
NAME OF AGENT OR INDEPENDENT CONTRACTOR:	· 							124	3639
American Express									,
CODES: If one of the following codes accurately describes	s the paym	nent, you	may enter the cod	e. Otherwise	e, descri	ibe the	e pavment.		
OUB.	MBR member				,		radio airtime and	production	costs
CNS campaign consultants	ATG meeting	s and app				RFD	returned contribu	tions	COSIS
01/0 :: 1 ::	OFC office ex					SAL	campaign worker	s salaries	
F11	PET petition of PHO phone b	circulating				TEL .1	t.v. or cable airtin	ne and prod	luction costs
FND fundraising events Programme Pro	OL polling a	and survey	research			TRS :	candidate travei, staff/spouse travi	ioaging and et lodaina a	d meals (explain) and meals (explain)
1 = 0	POS postage	, delivery	and messenger services			TSF	transfer between	committees	s of the same candidate/spons
· · ·	PRO profession PRT print ads	onai servii s	ces (legal, accounting)			VOT 1	voter registration		(internet, e-mail)
NAME AND ADDRESS OF PAYEE OR CREDITOR					· · · · · · · · · · · · · · · · · · ·		-		:
(IF COMMITTEE, ALSO ENTER I.D. NUMBER		CODE	OR	DESCRIPTION	OE DAVIA	ENIT			AMOUNT OUR
U.S. Postmaster		POS	On	DESCRIPTION	OF PATM	ENI			AMOUNT PAID
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Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder of Candidate) NAME OF FILER Bill Campbell, Bill Campbe	or 	upervis	sor		from _	07,	overs per /01/20	05 i	CALIFORM Page I.D. NUM 1243	ORNIA	
NAME OF AGENT OR INDEPENDENT CONTRACTOR:									1245	,033	
Bill Campbell											
CODES: If one of the following codes accurately descri	bes the pa	yment, yo	u may enter the co	de. Otherwis	e, desci	ribe th	e payme	ent.			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG meet OFC office PET petiti PHO phon POL pollir POS posta	ssional servi	pearances	;		RFD SAL TEL TRC TRS TSF VOT	returned c campaign t.vor cabl candidate staff/spous transfer be voter regis	ontribution workers e airtime travel, lose travel, etween o tration	salaries ^{or} e and produ dging and i lodging an ommittees	ction costs meals (explai	lain) andidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER							· · ·	- : :			:
		CODE	OR	DESCRIPTION	N OF PAYM	IENT				AMOUNT	PAID
U.S. Postmaster		POS									108.40
							• • •	**			
SBC Pacific Bell Payment Center) vid discussioners in company by the party	OFC									382.20
								# F : .			·
Cingular Wireless		OFC						"			518.34
King's Fish House		FND			w						166.08
											:

SCHEDULE G (cont.)

					·	SCHE	DULE G (COIII.)
Schedule G (Continuation Sheet)				Statement cov	ers period	. CALIEORN	14 1 (0)
Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate) NAME OF FILER Bill Campbell, Bill Campbell for Supervisor						FORM	"4(D()
						Page 1	2 of13
bell för	Supervi	sor			4	I.D. NUMBER	,
				,	a	1243639	
					the second second	•	•
scribes the p	ayment, yo	ou may enter the cod	e. Otherwis	se, describe the	payment.		
MTG me OFC offi PET pet PHO pho POL pol POS pos PRO pro	etings and ap ce expenses ition circulatir one banks ling and surve stage, delivery fessional sen	opearances ng ey research y and messenger services		RFD re SAL ca TEL t.V TRC ca TRS st TSF tra VOT vo	eturned contributi ampaign workers v. or cable airtime andidate travel, lo aff/spouse travel ansfer between coter registration	ons salaries e and production odging and meals l, lodging and me committees of the	s (explain) als (explain) same candidate/sp
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	CODE	OR	DESCRIPTIO	N OF PAYMENT		Δ	MOUNT PAID
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	1 1			-		\[\bigver_{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\exitt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	
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888.49

Schedule I		
Miscellaneous	Increases	to Cash

 Statement covers period from __07/01/2005

 through _12/31/2005
 CALIFORNIA _ 4.60

 Page ___13 of ___13

 I.D. NUMBER

SUBTOTAL \$

NAME OF FILER Bill Campbell, Bill Campbell for Supervisor

1243639

		1243639
FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF . INCREASE TO CASH
Cingular Wireless	Stale dated Stale dated	126.29 162.20
FHS PTO Grad Nite	Stale dated	1.00.00
Stanford Students for Life	Stale dated	500.00
	Cingular Wireless FHS PTO Grad Nite Stanford Students for Life	Cingular Wireless Stale dated FHS PTO Grad Nite Stanford Students for Life Stale dated Stale dated

Miscellaneous Increases to Cash Summary 1. Increases to cash of \$100 or more this period. 2. Increases to cash under \$100 this period. (Do not itemize.) 3. Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) TOTAL \$888.49